

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		4				
6	1					
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		2				
14		5				
15	1					
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TOTAL IND.	6					
TOTAL DEP.	26					
TOTAL CLAIMS	32					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						